

4309

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 48 hours after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Pima</u>	BUREAU OF VITAL STATISTICS <u>141</u>	State Index No. <u>524</u>	
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>388</u>
Town of <u>Miami</u>	Local Registrar's No. _____		
City of _____	(No. _____)	St. _____	Ward _____
FULL NAME OF CHILD <u>Tony Vicente</u>		Born <u>YES</u>	Alive <u>NO</u>
If child is not named, make Supplemental Report on blank obtainable from local registrar			
Sex of child <u>Male</u>	Twin, Triplet or other <u>None</u>	and Number in order of birth <u>1st</u>	Date of Birth <u>Nov 30</u> 191 <u>5</u>
Full Name <u>FATHER Tony Vicente</u>		Full Maiden Name <u>MOTHER Margarita Santana</u>	
Residence <u>Miami</u>		Residence <u>Miami</u>	
Color or Race <u>Mex</u>	Age at last Birthday <u>32</u> (Years)	Color or Race <u>Mex</u>	Age at last Birthday <u>25</u> (Years)
Birthplace <u>Spain</u>		Birthplace <u>Mexico</u>	
Occupation <u>Miner</u>		Occupation <u>HN</u>	
Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Nov 30</u> 191 <u>5</u> , at <u>5:00</u> M.			
*When there is no attending physician or midwife, then the householder should make this return.			
Given or christian name added from a supplemental report _____ 191____			
(Signature) <u>John H. Lee</u>		(Attending physician, midwife, householder,*)	
Address <u>Miami Ave</u>			
Filed <u>Dec 5</u> 191 <u>5</u>	LOCAL REGISTRAR		
Filed <u>Jan 7</u> 191 <u>6</u>	A True Copy <u>B. G. J. A.</u>		
COUNTY REGISTRAR.	COUNTY REGISTRAR.		